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APPLICATION NO.	FILING DATE	FIRST NAMED INV		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,752	09/10/2003		Robert Glick		14628-305777	3478
РНМВ					UATERNIUM-1 AND HIGI	
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/06/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
MRUK, BRIAN P				510-112000		
CFR 1.363).  ! Change of correspond Address form PTO/SB/II	e address or indication of "Fo dence address (or Change of (22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	registered attorney or agent) and the names of up to			
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  01 FC:1501 1400.00 DA  ADVANCED MEDICAL OPTICS, INC. Santa Ana, 05 FC:8001 12.00 DA						
Diagon phoof: the appropriate				·		
Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.						
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Advance Order - # of			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502317 (enclose an extra copy of this form).			
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